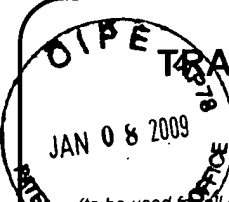


01-09-09

PTO/SB/21 (12-08)

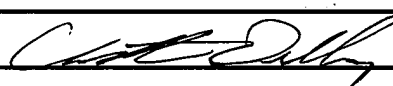
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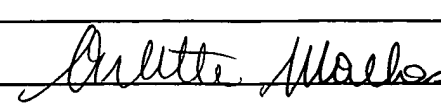
	Application Number	09/909,088
	Filing Date	July 18, 2001
	First Named Inventor	ASHKENAZI, et al.
	Art Unit	1646
	Examiner Name	Basi, Nirmal Singh
(to be used for all correspondence after initial filing) Total Number of Pages in This Submission		Attorney Docket Number 123851-181890 (GNE-1618P2C79)

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Reference Appendix Items (1-22)
Remarks AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT 50-4634 FOR ANY FEES DUE IN CONNECTION WITH THIS PAPER, REFERENCING ATTORNEY'S DOCKET NO. 123851-181890 (GNE-1618P2C79).		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	GOODWIN PROCTER LLP		
Signature			
Printed name	Christopher De Vry, Ph.D., Goodwin Procter LLP		
Date	January 8, 2009	Reg. No.	61,425

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Signature			
Typed or printed name	Arlette Malhas	Date	January 8, 2009

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Effective on 12/08/2004.

Fee paid pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**

JAN 08 2009

**For FY 2008****Complete if Known**

Application Number	09/909,088
Filing Date	July 18, 2001
First Named Inventor	ASHKENAZI, et al.
Examiner Name	BASI, Nirmal Singh
Art Unit	1646
Attorney Docket No.	123851-181890 (GNE-1618P2C79)

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$) 1030.00
**METHOD OF PAYMENT** (check all that apply)
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50-4634 Deposit Account Name: Goodwin Procter LLP

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☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>
- 20 or HP = _____ x _____ = _____				<b>Fee (\$)</b> <b>Fee Paid (\$)</b>

HP = highest number of total claims paid for, if greater than 20.

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 3 or HP = _____ x _____ = _____			

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

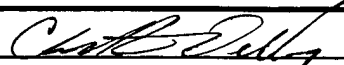
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

**4. OTHER FEES(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Appeal Brief and two months extension of time 1030.00**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 61,425	Telephone 650/752-3100
Name (Print/Type)	Christopher De Vry, Ph.D., Goodwin Procter LLP		Date January 8, 2009

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<b>Effective on 12/08/2004.</b> Fee must be paid to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> JAN 08 2009 Applicant claims small entity status. See 37 CFR 1.27		<b>Complete if Known</b>	
TOTAL AMOUNT OF PAYMENT (\$)		Application Number	09/909,088
1030.00		Filing Date	July 18, 2001
		First Named Inventor	ASHKENAZI, et al.
		Examiner Name	BASI, Nirmal Singh
		Art Unit	1646
		Attorney Docket No.	123851-181890 (GNE-1618P2C79)

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50-4634 Deposit Account Name: Goodwin Procter LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

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**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

\_\_\_\_\_ - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

\_\_\_\_\_ - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

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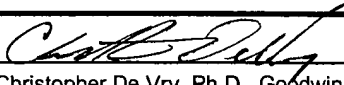
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x _____	= _____	

**4. OTHER FEE(S)**

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Other (e.g., late filing surcharge): Appeal Brief and two months extension of time **Fees Paid (\$)** 1030.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	61,425	Telephone	650/752-3100
Name (Print/Type)	Christopher De Vry, Ph.D., Goodwin Procter LLP			Date	January 8, 2009

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